2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P96000059948

Entity Name: OPEN MRI OF NAPLES, INC.

Current Principal Place of Business:

C/O STEVEN POWERS
9935 N TAMIAMI TRAIL BLDG 4
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

C/O STEVEN POWERS
9935 N TAMIAMI TRAIL BLDG 4
NAPLES, FL 34108

New Mailing Address:

FEI Number: 65-0662408 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NAPLES-LAWDOCK, INC.
1395 PANTHER LANE
SUITE 300
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	GREEN, MICHAEL D	
Address:	16 NORTH POND ROAD	
City-St-Zip:	CRESSKILL, NJ 07626	
Title:	V	( ) Delete
Name:	PORT, ROBERT S MD	
Address:	25 CANDLESTICK LANE	
City-St-Zip:	UPPER SADDLE RIVER, NJ 07458	
Title:	S	( ) Delete
Name:	POWERS, STEVE C	
Address:	795 BENTWATER CIRCLE	
City-St-Zip:	NAPLES, FL 34108	
Title:	T	( ) Delete
Name:	QUINN, JAMES B	
Address:	880 ROUTE 146A, AMERICANA WAY	
City-St-Zip:	CLIFTON PARK, NY 12065	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN C. POWERS S 04/30/2009

Electronic Signature of Signing Officer or Director — Date